

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/647108		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		2		/			57						
8		0		0			58						
9		0		0			59						
10		0		0			60						
11		0		0			61						
12	/			/			62						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	0	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	11	↓	10	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	13		10				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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